



STATE OF ARKANSAS / State Retiree  
Health Insurance Continuation Information



*Employee Benefits Division*

# Retirement Packet

*Arkansas State Employees*

Provided by:  
**Employee Benefits Division**  
Department of Finance & Administration  
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# **What If I'm Just Thinking About Retiring?**

## *Retirement Overview*

Upon termination of health coverage through your Agency, you and your dependents are eligible to continue health insurance coverage through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Additionally, if you are eligible for retirement benefits, you may also qualify for continued health and life coverage under your retirement system. Your options are explained in detail below. **The necessary forms must be submitted within 31 days of your retirement date.**

### **OPTION A – Health and Life Insurance Continuation under Retirement System**

If you are eligible for a retirement benefit from one of the participating retirement systems\*, you may continue your current health coverage in the retirement group by having the insurance premium deducted from your retirement check. If your check amount is inadequate to cover the insurance premiums, you will be asked to set up a bank draft. Complete the form titled "Arkansas State Employee Payroll Deduction Authorization" (#6200-f-1a) enclosed in this packet. Mail this form to the Employee Benefits Division at the mailing address on this letterhead.

### **OPTION B – COBRA Continuation ONLY**

If you are not eligible for retirement benefits from one of the participating retirement systems\* and would like to retain your current health benefits, you may continue your health insurance for a period of 18 months as a COBRA Continuant. If you have not received a COBRA Election Form in the mail within 14 days of your last date of employment, please contact the Employee Benefits Division at the phone number at the top of this letter.

### **OPTION C – COBRA until retirement benefits begin**

If you are eligible for retirement (i.e. have enough years of service) but will not immediately receive a retirement benefit, you may choose health insurance coverage under COBRA for a maximum of 18 months (or until you are eligible to receive a retirement check if within the 18 month period). To enroll under COBRA, please read and complete the COBRA Election form that will be mailed to your home. When your retirement benefit begins, you may change to the retirement group by contacting the Employee Benefits Division. You will not be eligible to reapply for life insurance under this option. Choosing the COBRA option automatically cancels your USABLE life insurance policy. A conversion to an individual policy is not offered in this situation.

### **OPTION D – COBRA when retirement benefits are available**

If you are eligible for retirement benefits from one of the participating retirement systems\* when you retire, you may continue your health insurance through COBRA if you so choose. You will receive a bank draft application for monthly deductions that will be remitted to EBD during that period. At the end of your COBRA benefit eligibility period (18 months) you will need to change to the retiree insurance group in order to continue your health insurance. There are two very important factors to consider when choosing this option: 1) You must remain on COBRA and make timely payments for the entire eligibility period to be eligible to begin insurance through the retirement system when COBRA coverage ends, and 2) You will lose all group term life insurance permanently.

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<b>OPTION E – Waiver of Enrollment</b>
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If you do not wish to continue the Health Insurance coverage at all, please complete the waiver options on the Enrollment Form (#6000-f-1a) or the Retiree Enrollment Form (#6000-f-1c). Once completed, that form should be given directly to EBD.

If you have any questions about the above options, please contact the Employee Benefits Division. The telephone number is listed on this letterhead and the enclosed forms. If you have questions regarding your benefit status at the time of your retirement or coverage termination, please contact your Agency Insurance Representative.

*NOTE: It is the responsibility of the employee to notify the Employee Benefits Division at least two (2) months before COBRA expires in order to make arrangements to change to the group health insurance program as a retiree.*

**\* Participating Retirement Systems are: Arkansas Public Employees Retirement System, Arkansas Teacher Retirement System, Judicial Retirement System, Arkansas Highway and Transportation Department Retirement System, and Alternative Retirement System.**

**This procedure is effective March 2004 and supercedes all previous instructions.**

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## State Retirees not Medicare Primary Rates

January 1, 2005 Self-Insured Premium Rates  
Based on State Contribution of \$280 per Budgeted Position plus \$12.0 Million from Trust Fund Reserve

	Total Monthly Premium	State Contribution	Total Monthly Retiree Cost	*HSA Mandatory Contribution	*HSA PPO Total Monthly Retiree Cost
<b>RETIREE ONLY</b>					
BCBS PPO	\$696.52	(\$194.12)	\$502.40		
NovaSys PPO	\$696.00	(\$194.12)	\$501.88		
Health Advantage POS	\$473.62	(\$194.12)	\$279.50		
NovaSys POS	\$473.12	(\$194.12)	\$279.00		
QualChoice POS	\$468.42	(\$194.12)	\$274.30		
Health Advantage HMO	\$460.88	(\$194.12)	\$266.76		
NovaSys HMO	\$460.38	(\$194.12)	\$266.26		
QualChoice HMO	\$440.48	(\$194.12)	\$246.36		
NovaSys HSA PPO	\$404.54	(\$194.12)	\$210.42	\$20.00	\$230.42
<b>RETIREE &amp; SPOUSE</b>					
BCBS PPO	\$1,392.78	(\$342.16)	\$1,050.62		
NovaSys PPO	\$1,392.28	(\$342.16)	\$1,050.12		
Health Advantage POS	\$947.00	(\$342.16)	\$604.84		
NovaSys POS	\$946.50	(\$342.16)	\$604.34		
QualChoice POS	\$936.56	(\$342.16)	\$594.40		
Health Advantage HMO	\$921.52	(\$342.16)	\$579.36		
NovaSys HMO	\$921.02	(\$342.16)	\$578.86		
QualChoice HMO	\$880.72	(\$342.16)	\$538.56		
NovaSys HSA PPO	\$800.88	(\$342.16)	\$458.72	\$20.00	\$478.72
<b>RETIREE &amp; CHILD(REN)</b>					
BCBS PPO	\$1,083.57	(\$295.53)	\$788.04		
NovaSys PPO	\$1,083.07	(\$295.53)	\$787.54		
Health Advantage POS	\$726.93	(\$295.53)	\$431.40		
NovaSys POS	\$726.43	(\$295.53)	\$430.90		
QualChoice POS	\$718.59	(\$295.53)	\$423.06		
Health Advantage HMO	\$706.53	(\$295.53)	\$411.00		
NovaSys HMO	\$706.03	(\$295.53)	\$410.50		
QualChoice HMO	\$673.89	(\$295.53)	\$378.36		
NovaSys HSA PPO	\$615.91	(\$295.53)	\$320.38	\$20.00	\$340.38
<b>RETIREE &amp; FAMILY</b>					
BCBS PPO	\$2,025.38	(\$531.76)	\$1,493.62		
NovaSys PPO	\$2,024.88	(\$531.76)	\$1,493.12		
Health Advantage POS	\$1,356.76	(\$531.76)	\$825.00		
NovaSys POS	\$1,356.26	(\$531.76)	\$824.50		
QualChoice POS	\$1,341.12	(\$531.76)	\$809.36		
Health Advantage HMO	\$1,318.54	(\$531.76)	\$786.78		
NovaSys HMO	\$1,318.02	(\$531.76)	\$786.26		
QualChoice HMO	\$1,257.34	(\$531.76)	\$725.58		
NovaSys HSA PPO	\$1,142.46	(\$531.76)	\$610.70	\$20.00	\$630.70
<b>RETIREE &amp; MEDICARE SPOUSE</b>					
BCBS PPO	\$958.49	(\$210.99)	\$747.50		
NovaSys PPO	\$957.97	(\$210.99)	\$746.98		
Health Advantage POS	\$676.17	(\$210.99)	\$465.18		
NovaSys POS	\$675.67	(\$210.99)	\$464.68		
QualChoice POS	\$669.55	(\$210.99)	\$458.56		
Health Advantage HMO	\$660.03	(\$210.99)	\$449.04		
NovaSys HMO	\$659.53	(\$210.99)	\$448.54		
QualChoice HMO	\$634.19	(\$210.99)	\$423.20		
NovaSys HSA PPO	\$575.89	(\$210.99)	\$364.90	\$20.00	\$384.90
<b>RETIREE &amp; MEDICARE SPOUSE &amp; CHILD(REN)</b>					
BCBS PPO	\$1,117.44	(\$239.76)	\$877.68		
NovaSys PPO	\$1,116.94	(\$239.76)	\$877.18		
Health Advantage POS	\$790.56	(\$239.76)	\$550.80		
NovaSys POS	\$790.06	(\$239.76)	\$550.30		
QualChoice POS	\$782.92	(\$239.76)	\$543.16		
Health Advantage HMO	\$771.86	(\$239.76)	\$532.10		
NovaSys HMO	\$771.36	(\$239.76)	\$531.60		
QualChoice HMO	\$741.96	(\$239.76)	\$502.20		
NovaSys HSA PPO	\$672.12	(\$239.76)	\$432.36	\$20.00	\$452.36

\*Participation in the "HSA PPO (High Deductible)" plan and the Health Savings Account (HSA) are tied. A minimum mandatory member contribution of \$20.00 per month to the HSA is required for participation in the NovaSys HSA High Deductible PPO plan. The Health Savings Account must adhere to federal guidelines.

# State Retirees Medicare Primary Rates

January 1, 2005 Self-Insured Premium Rates

Based on State Contribution of \$280 per Budgeted Position plus \$12.0 Million from Trust Fund Reserve

	Total Monthly Premium	State Contribution	Total Monthly Retiree Cost
<b>RETIREE MEDICARE ONLY</b>			
BCBS PPO	\$262.22	(\$60.52)	\$201.70
NovaSys PPO	\$261.70	(\$60.52)	\$201.18
Health Advantage POS	\$202.80	(\$60.52)	\$142.28
NovaSys POS	\$202.28	(\$60.52)	\$141.76
QualChoice POS	\$201.40	(\$60.52)	\$140.88
Health Advantage HMO	\$199.40	(\$60.52)	\$138.88
NovaSys HMO	\$198.90	(\$60.52)	\$138.38
QualChoice HMO	\$193.96	(\$60.52)	\$133.44
<b>RETIREE MEDICARE &amp; SPOUSE</b>			
BCBS PPO	\$958.49	(\$210.99)	\$747.50
NovaSys PPO	\$957.97	(\$210.99)	\$746.98
Health Advantage POS	\$676.17	(\$210.99)	\$465.18
NovaSys POS	\$675.67	(\$210.99)	\$464.68
QualChoice POS	\$669.55	(\$210.99)	\$458.56
Health Advantage HMO	\$660.03	(\$210.99)	\$449.04
NovaSys HMO	\$659.53	(\$210.99)	\$448.54
QualChoice HMO	\$634.19	(\$210.99)	\$423.20
<b>RETIREE MEDICARE &amp; CHILD(REN)</b>			
BCBS PPO	\$412.33	(\$124.23)	\$288.10
NovaSys PPO	\$411.81	(\$124.23)	\$287.58
Health Advantage POS	\$308.33	(\$124.23)	\$184.10
NovaSys POS	\$307.83	(\$124.23)	\$183.60
QualChoice POS	\$305.89	(\$124.23)	\$181.66
Health Advantage HMO	\$302.37	(\$124.23)	\$178.14
NovaSys HMO	\$301.87	(\$124.23)	\$177.64
QualChoice HMO	\$292.87	(\$124.23)	\$168.64
<b>RETIREE MEDICARE &amp; SPOUSE &amp; CHILD(REN)</b>			
BCBS PPO	\$1,117.44	(\$239.76)	\$877.68
NovaSys PPO	\$1,116.94	(\$239.76)	\$877.18
Health Advantage POS	\$790.56	(\$239.76)	\$550.80
NovaSys POS	\$790.06	(\$239.76)	\$550.30
QualChoice POS	\$782.92	(\$239.76)	\$543.16
Health Advantage HMO	\$771.86	(\$239.76)	\$532.10
NovaSys HMO	\$771.36	(\$239.76)	\$531.60
QualChoice HMO	\$741.96	(\$239.76)	\$502.20
<b>RETIREE MEDICARE &amp; SPOUSE MEDICARE</b>			
BCBS PPO	\$524.18	(\$117.18)	\$407.00
NovaSys PPO	\$523.66	(\$117.18)	\$406.48
Health Advantage POS	\$405.32	(\$117.18)	\$288.14
NovaSys POS	\$404.82	(\$117.18)	\$287.64
QualChoice POS	\$402.54	(\$117.18)	\$285.36
Health Advantage HMO	\$398.52	(\$117.18)	\$281.34
NovaSys HMO	\$398.02	(\$117.18)	\$280.84
QualChoice HMO	\$387.66	(\$117.18)	\$270.48
<b>RETIREE MEDICARE &amp; SPOUSE MEDICARE &amp; CHILD(REN)</b>			
BCBS PPO	\$703.00	(\$191.92)	\$511.08
NovaSys PPO	\$702.50	(\$191.92)	\$510.58
Health Advantage POS	\$532.12	(\$191.92)	\$340.20
NovaSys POS	\$531.60	(\$191.92)	\$339.68
QualChoice POS	\$528.12	(\$191.92)	\$336.20
Health Advantage HMO	\$522.34	(\$191.92)	\$330.42
NovaSys HMO	\$521.84	(\$191.92)	\$329.92
QualChoice HMO	\$506.70	(\$191.92)	\$314.78

Note: IRS Federal law states that Medicare eligible persons are not eligible for a Health Savings Account (HSA) and under our plan, they are not eligible for the NovaSys HSA PPO plan.

## State Employees- COBRA Rates

January 1, 2005 Self-Insured Premium Rates

*Based on State Contribution of \$280 per Budgeted Position plus \$12.0 Million from Trust Fund Reserve*

	Total Monthly Premium	*HSA Mandatory Contribution	*HSA PPO Total Monthly Premium	Health Cost Survey Survey Completion Employee (or Spouse)	Health Cost Survey Survey Completion Employee and Spouse
<b>EMPLOYEE ONLY</b>					
BCBS PPO	\$479.36			\$469.16	
NovaSys PPO	\$478.85			\$468.65	
Health Advantage POS	\$357.67			\$347.47	
NovaSys POS	\$357.16			\$346.96	
QualChoice POS	\$344.80			\$334.60	
Health Advantage HMO	\$349.76			\$339.56	
NovaSys HMO	\$349.25			\$339.05	
QualChoice HMO	\$332.66			\$322.46	
NovaSys HSA PPO	\$310.91	\$20.00	\$330.91	\$320.71	
<b>EMPLOYEE &amp; SPOUSE</b>					
BCBS PPO	\$1,144.05			\$1,133.85	\$1,123.65
NovaSys PPO	\$1,143.54			\$1,133.34	\$1,123.14
Health Advantage POS	\$852.01			\$841.81	\$831.61
NovaSys POS	\$851.50			\$841.30	\$831.10
QualChoice POS	\$821.10			\$810.90	\$800.70
Health Advantage HMO	\$832.97			\$822.77	\$812.57
NovaSys HMO	\$832.46			\$822.26	\$812.06
QualChoice HMO	\$791.97			\$781.77	\$771.57
NovaSys HSA PPO	\$728.09	\$20.00	\$748.09	\$737.89	\$727.69
<b>EMPLOYEE &amp; CHILD(REN)</b>					
BCBS PPO	\$714.50			\$704.30	
NovaSys PPO	\$713.99			\$703.79	
Health Advantage POS	\$531.98			\$521.78	
NovaSys POS	\$531.45			\$521.25	
QualChoice POS	\$512.66			\$502.46	
Health Advantage HMO	\$520.07			\$509.87	
NovaSys HMO	\$519.56			\$509.36	
QualChoice HMO	\$494.45			\$484.25	
NovaSys HSA PPO	\$457.45	\$20.00	\$477.45	\$467.25	
<b>EMPLOYEE &amp; FAMILY</b>					
BCBS PPO	\$1,267.44			\$1,257.24	\$1,247.04
NovaSys PPO	\$1,266.91			\$1,256.71	\$1,246.51
Health Advantage POS	\$944.96			\$934.76	\$924.56
NovaSys POS	\$944.45			\$934.25	\$924.05
QualChoice POS	\$910.83			\$900.63	\$890.43
Health Advantage HMO	\$923.95			\$913.75	\$903.55
NovaSys HMO	\$923.44			\$913.24	\$903.04
QualChoice HMO	\$878.66			\$868.46	\$858.26
NovaSys HSA PPO	\$806.37	\$20.00	\$826.37	\$816.17	\$805.97

*\*Participation in the "HSA PPO (High Deductible)" plan and the Health Savings Account (HSA) are tied. A minimum mandatory member contribution of \$20.00 per month to the HSA is required for participation in the NovaSys HSA High Deductible PPO plan. The Health Savings Account must adhere to federal guidelines.*

# STATE RETIREE FREQUENTLY ASKED QUESTIONS

## Who is eligible for retirement health insurance benefits?

- The person was insured or eligible for insurance in the group health insurance plan on the last day actively employed by the State; and
- Meets the requirements to participate under the retirement system's contributory plan or non-contributory plan; and
- Completes an application with **31 days** of retirement. After this 31-day period, a person may not enroll in the group health insurance program unless the person experiences a COBRA event.

## What if I take early retirement and do not qualify for retirement benefits?

- You are only eligible to continue the health insurance coverage as a COBRA participant. Once you enroll in COBRA you lose all life insurance benefits and they will not be reinstated. Once your COBRA has ended (18 months) and you are eligible to participate in one of the retirement plans, you may enroll at this time. If your COBRA has ended and you still are not eligible for retirement benefits, you must continue some other coverage (except Medicare) until you become eligible. There cannot be a break in coverage at anytime while you are waiting to become eligible for retirement benefits.

## How do I enroll in the retirement health insurance program?

- You must complete an Arkansas State Employee Payroll Deduction Authorization Form and send it to EBD within the 31 day election period. (See enclosed rates for Medicare, Non-Medicare and COBRA.)
- If you are declining coverage at this time, you must complete an Enrollment Form and check the decline coverage box for both you and your dependents if applicable. This form must be sent to EBD within the 31 day election period.

## What if I need help completing the Payroll Deduction Authorization and Enrollment Forms?

- Your Agency Insurance Representative will assist you in completing these papers. However, you must submit these forms to EBD no later than 31 days after becoming retired in order to continue your health/life coverage.
- **THIS IS YOUR RESPONSIBILITY.**

## What continued health coverage benefits will my covered dependents have should I die?

- Surviving covered dependents of an insured retiree may continue the group health insurance coverage regardless of their option for survivor's benefits. The premiums for this coverage may be deducted from survivor's benefits were applicable. If no survivor's check is due, the surviving covered dependents will pay premiums directly to EBD monthly either by bank draft or personal check.

## Who should be notified of the death of a retiree or dependent?

- EBD should be notified immediately upon the death of a retiree or covered dependent so that we can terminate coverage on that member immediately and all health/life carriers notified. At this time we will also initiate the paperwork if there is to be a reduction in premiums.
  - Upon notification of the death of a retiree, EBD will send out a Surviving Dependent letter to any covered dependents on the retiree's plan extending the opportunity for them to continue to be covered under the State and Public School Retirement Health Program.
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### **If I am eligible for Medicare, do I have to carry both Part A and Part B as a retiree?**

- **YES.** Retirees who are eligible for Medicare must carry Part B (physician). The health insurance carrier will coordinate benefits as if Part B is in force. This means that coverage under government programs, including Medicare, required or provided by any statute unless coordination of benefits with any such program is forbidden by law. Subscribers and Dependents who are eligible for Medicare must have both Part A and B. If a member eligible for Medicare does not have Medicare Part B, the plan will pay as though the member does have Medicare Part B and the member will have full financial responsibility for claims incurred. **NOTE:** The general Medicare Open Enrollment period is from January through March each year for a July 1st effective date. Retirees without Medicare Part B should contact the Social Security Administration about obtaining Part B coverage at 1-800-772-1213. Medicare Part B premiums are monthly and may increase up to 10% for each 12 month period that you could have had Part B but did not sign up for it (there are some special exceptions).

### **If I am not eligible for Medicare at the time of retirement, but become eligible at a later date, how do I get the reduced premiums?**

- You need to send EBD a copy of your Medicare card as soon as you receive it so that we can make the proper adjustments to your account.

### **What if I find my deductions are not correct? Will I get a refund?**

- You need to check your deductions periodically as EBD's policy is to not refund back further than 60 days.

### **What are the participating retirement systems?**

- Arkansas Public Employees Retirement System (APERS)
- Arkansas Teacher Retirement System (ATRS)
- Judicial Retirement System
- Arkansas Highway Retirement System
- Alternative Retirement System

### **What if my annuity check is not large enough for my insurance premiums?**

- EBD will set you up as a Cash Retiree and your premiums will be made either as a bank draft or a monthly personal check to EBD.

### **What are the retirement insurance eligibility rules?**

- Are you participating in one of the five (5) retirement plans – APERS, ATRS, Highway, Judicial or Alternate? If yes,
  - To be eligible you must have been participating in the group health insurance coverage, or was eligible to participate in the group health insurance coverage on the last day as an active employee. If yes,
  - You must apply within 31 days of becoming an active retiree to participate in the group health insurance program. If the retiree does not want to participate in the group health insurance program, the retiree must sign a Declination Form indicating that the retiree does not wish to participate in the group health program within 31 days of becoming an active retiree.
  - If the retiree declines to participate in the group health insurance program, that decision is final.
  - **EXCEPTION LOSS OF ELIGIBILITY.** If the retiree is an active retiree and declined coverage from the group health insurance program within thirty-one (31) days of retirement and specified in writing that the reason for the declination of coverage was because he/she (the active retiree) had coverage through another insurance program or group health plan, and later his insurance coverage is terminated because of loss of eligibility, then the retiree and any dependents shall
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qualify for coverage in the State sponsored program provided the active retiree applies for coverage within thirty-one (31) days of the loss of eligibility. Examples of when loss of eligibility may occur is termination of employment, decrease in the number of hours worked, marriage, divorce and adoption of a child. An example of when loss of eligibility is not applicable is non-payment of premium and termination for cause. A person may not always lose eligibility for insurance coverage through one of the above-sited circumstances, but frequently they do.

- EBD advises retirees to seriously consider participating in the group health insurance offered to them as an active retiree of one of the five retirement programs. If the retiree declines to participate in group health insurance coverage within 31 days of becoming an active retiree, he must qualify for a loss of eligibility as cited above to become active in the group health insurance program.
- If the retiree is currently employed and the employer offers group health insurance coverage, the retiree may enroll in his current employer plan and drop insurance coverage with the Arkansas State and Public School Employees Group Health Insurance. The retiree may reinstate insurance coverage with the Arkansas State and Public School Employees Group Health Insurance in the future if he/she experiences the loss of eligibility.

### **When can I make plan changes?**

- Yearly Open Enrollment Period (October 1 – 31 to be effective January 1)
- If you are moving out of state and have an HMO, you can change to a POS or to a PPO Plan at the time of relocation.
- The only opportunity for a Retiree to add dependents (other than newly acquired) is if there is a loss of coverage (HIPAA or family status change event).

### **How are my other benefits affected if I elect to terminate my health insurance through Retirement?**

- When you elect to terminate your health coverage, you also lose your pharmacy benefits and any life insurance coverage you may have.

### **Will I still be covered by life insurance when I retire?**

- You can continue your life insurance during retirement.
- If you had life and health coverage at the time of retirement, you must continue health coverage in order to continue your life insurance.
- If you were not covered by health coverage at the time of retirement but had life coverage, you may continue the life coverage without carrying the health coverage.
- You will be responsible for the premium for the basic life coverage (\$10,000) which is paid for by the State as an active employee.
- Age 65, your total life coverage will reduce by ½.
- Age 70, your total life coverage will reduce again by ½, but the basic life coverage will never reduce less than a \$4,000.
- Age 75, Accidental Death and Dismemberment (double indemnity) ends.

### **Who do I contact to file a life insurance claim if a retiree or dependent dies?**

- USABLE Life needs to be contacted directly at 1-800-370-5856.
- If you need to change a beneficiary, please send that information directly to USABLE Life.

### **If I continue the health coverage plan, will I still be eligible to participate in the prescription drug program?**

- Yes, but prescription coverage is not available separately. Health insurance, prescription benefits and mental / behavioral health coverage are all combined.
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STATE OF ARKANSAS  
Department of Finance  
and Administration

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<http://www.state.ar.us/dfa/ebd>

**State Retirees  
Enrollment Form**



<b>1. Retiree Information:</b> (please print) <input type="checkbox"/> I decline coverage for myself			
Last Name		First Name	MI Gender <input type="checkbox"/> Married <input type="checkbox"/> Single
Home Address		City	State Zip Code
Social Security #:	Date of Birth:	Home #:	Work #:
†Primary Care Physician:		PCP #	Current patient?

†Primary Care Physician lines are applicable for HMO and POS enrollees only, not PPO.

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SE

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P  
1\*

D  
P  
2\*

D  
P  
3\*

<b>2. Dependent Coverage Information:</b> <input type="checkbox"/> I decline coverage for my dependents			
FIRST NAME	LAST NAME		MI GENDER
Social Security #:	Date of Birth:		
†Primary Care Physician:	PCP #	Current patient?	
FIRST NAME	LAST NAME		MI GENDER
Social Security #:	Date of Birth:		Full time student?*
†Primary Care Physician:	PCP #	Current patient?	
FIRST NAME	LAST NAME		MI GENDER
Social Security #:	Date of Birth:		Full time student?*
†Primary Care Physician:	PCP #	Current patient?	
FIRST NAME	LAST NAME		MI GENDER
Social Security #:	Date of Birth:		Full time student?*
†Primary Care Physician:	PCP #	Current patient?	

\* Please submit guardianship, court-ordered insurance responsibility or adoption papers on dependents that apply.

\*\*To be completed for dependents 19 and over only. Please submit proof of student status.

<b>3. I Wish To Enroll In The Following Plan:</b>			
H.M.O.	P.O.S.	P.P.O.	*H.S.A. P.P.O.
<input type="checkbox"/> Health Advantage <input type="checkbox"/> NovaSys Health <input type="checkbox"/> QualChoice/QCA	<input type="checkbox"/> Health Advantage <input type="checkbox"/> NovaSys Health <input type="checkbox"/> QualChoice/QCA	<input type="checkbox"/> Ark. Blue Cross & Blue Shield <input type="checkbox"/> NovaSys Health	<input type="checkbox"/> *NovaSys Health (DataPath Salary Reduction Agreement form also required.)
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Children	<input type="checkbox"/> Family

\*As of the effective date of this plan year, are you eligible to participate in a Health Savings Account? ☐ Yes ☐ No  
For clarification see [www.ArkansasHSA.com](http://www.ArkansasHSA.com) or call 1-877-685-0655.

**4. Other Medical Insurance:**

1) Will you or any of your family members be continuing any other health insurance? ☐ Yes ☐ No

2) If Yes, what type of coverage? ☐ Medical ☐ Medicare, HIC # \_\_\_\_\_

If Medicare: Part A Effective Date     /     /     or     Part B Eff Date     /     /

If Medicare: Reason for Coverage: ☐ Over age 65 ☐ Disabled ☐ Kidney Disease

**Please make sure EBD and your carrier has a copy of your Medicare card.**

If you answered Yes to the question above, complete below: (Use additional paper if necessary)

Covered Person's Name	Coverage Type (single/family)	Effective Date	Policy Holder's Employer

Name/Address/Phone/Policy # of Health Ins Co.:

**5. Please Read Before Signing:**

I understand and agree that: (1) The information provided on this application is accurate and complete. (2) Any omissions or incorrect statements made by myself or anyone on this application may invalidate my and/or my dependents' coverage. (3) Coverage will become effective only on the date specified by the Insurer after the application has been approved by the Insurer and after the first full premium has been paid. (4) My signature authorizes Coordination of Benefits under this coverage with other insurance I have that is subject to coordination. (5) I hereby authorize deductions from my retirement earnings of any required insurance contribution. (6) By signing this enrollment form, I hereby certify that all the information provided is true and correct.

**AUTHORIZATION TO OBTAIN MEDICAL INFORMATION:** On behalf of myself and anyone enrolled on or added to this application, I authorize any health care professional or entity to give the health plan/insurer and the employer or any of their designees, any and all records or information pertaining to medical history or services rendered to the health plan/insurer, for any administrative purpose, including evaluation of an application or a claim, and for any analytical or research purpose, including evaluation of an application or a claim. I also authorize on behalf of the health plan/insurer, the use of a Social Security Number for purpose of identification. A photocopy of this authorization will be as valid as the original.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**I understand that if I refuse to apply for coverage at retirement,  
that I may not be eligible for coverage at a later date.**

**Retiree's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



STATE OF ARKANSAS

Department of Finance  
and Administration

**EBD**

Employee Benefits Division  
Post Office Box 15610  
Little Rock, AR 72231-5610

Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 682-2366 <http://www.state.ar.us/dfa/ebd>

Arkansas State Retiree Payroll Deduction Authorization



(Agency Insurance Rep use only:)

Date Sent: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize you to deduct from my retirement check such amounts as necessary to pay the premiums for my health insurance plan. I further authorize you to pay such amounts to the insurance company providing such personal insurance or to its authorized representative. **This authorization remains in effect until you receive notice from me in writing that it has been changed or revoked.**

The retirement system that I participate in is: **(Check *only* one of the following)**

- ☐ Public Employees Retirement System (APERS)  
☐ Teacher Retirement System (ATRS)  
☐ Judicial Retirement System  
☐ Arkansas Highway and Transportation Retirement System  
☐ Alternative Retirement System (Valic, etc) \_\_\_\_\_ (Indicate which system)

Please indicate last date of employment \_\_\_\_\_

My current health insurance carrier is: **(Check one)**

- |   |   |
|---|---|
| <input type="checkbox"/> Blue Cross Blue Shield PPO | <input type="checkbox"/> NovaSys HSA PPO* |
| <input type="checkbox"/> Health Advantage HMO       | <input type="checkbox"/> NovaSys PPO      |
| <input type="checkbox"/> Health Advantage POS       | <input type="checkbox"/> NovaSys POS      |
| <input type="checkbox"/> QualChoice HMO             | <input type="checkbox"/> NovaSys HMO      |
| <input type="checkbox"/> QualChoice POS             |   |

- ☐ Decline Coverage  
Reason:

☐ Other Insurance  
☐ Medicare Only  
☐ No Other Coverage  
☐ Tricare

Please refer to rate sheet to determine amount(s) to record:

Monthly Amount	Self	Self/Spouse	Self/	Family
Health Premium				
Basic Life Volume				
Supplemental Life Volume				
Dependent Life Volume				
Total Premium				

**If a member is eligible for Medicare and does not have Part B, the plan will pay as though the member does have Part B and the member will have financial responsibility for claims incurred.**

If you or your spouse have Medicare Parts A and B, please provide the following information:

**Retiree**

Medicare HIC # \_\_\_\_\_  
Medicare Part A Effective \_\_\_\_\_  
Medicare Part B Effective \_\_\_\_\_

**Spouse**

Medicare HIC # \_\_\_\_\_  
Medicare Part A Effective \_\_\_\_\_  
Medicare Part B Effective \_\_\_\_\_

**Please sign, date and return within 30 days to the address above, attn: Retirement Section**

Signature \_\_\_\_\_ Date \_\_\_\_\_ SSN \_\_\_\_\_



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Authorization Agreement for Pre-Authorization Payments



I (we) hereby authorize the Department of Finance and Administration – Employee Benefits Division to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debits in error to our bank account indicated below at the financial institution named below, hereinafter called Depository, to debit and/or credit the same such account.

Depository Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Routing Number: \_\_\_\_\_ Type of Account: ☐ Checking  
☐ Savings

Total amount to be deducted monthly: \_\_\_\_\_

This authorization shall remain in effect unless the Employee Benefits Division has received written notification from me (us) of its termination in such time and in such manner as to afford the Employee Benefits Division and Depository a reasonable opportunity to act on it.

Authorization Signer on Account: \_\_\_\_\_  
(Please print name clearly)

Insured's Social Security No.: \_\_\_\_\_

Signature \_\_\_\_\_  
(Authorized Signer) (Date)

**ATTACH A VOIDED CHECK HERE**  
(DEPOSIT SLIP CANNOT BE USED)

Return this authorization to:  
Employee Benefits Division  
P.O. Box 15610  
Little Rock, AR 72231-5610